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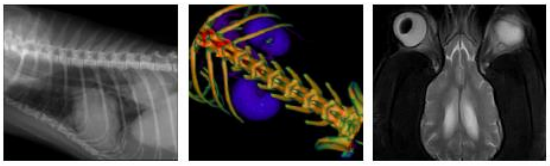

PATIENT

Callie Wiskotzil

SPECIES

Canine

BREED

Pitbull

SEX

F

AGE

6 Months

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Companion AH

INVOICE

50347

DATE

2-17-22

PRESENTING CLINICAL SIGNS

Callie presented for limping on right hind first noted juanuary 2022. Owner rerports improvement after referring DVM started Rimadyl. Owner has finished medications at this time

RADIOGRAPH OF STIFLES AND TARSI

2x VD pelvis including stifles, 1x lateral pelvis including stifles
L stifle: 3x lateral including tarsus, 1x caudo-cranial
R stifle: 2 orthogonal views including tarsus

RADIOGRAPHIC FINDINGS

The changes are located on the right (R); the left leg appears physiological.

The muscle mass on the right is reduced. Skeletal immaturity compatible with the given age is noted. The trabecular structure of all bones in the R hind leg is coarser, the cortices are thinner, and the general bone opacity is reduced compared to the left leg.

R stifle

The anatomical relationship between the bones is altered due to abnormalities centred on the proximal tibia. The tibial tuberosity is still attached to the tibial plateau but the gap between its distal portion and the tibia is increased. Two slightly irregular bony fragments are located in the gap. The cranial aspect of the proximal tibia is flat and irregular, and the soft tissue of the patella tendon is slightly thickened. The cranial half of the proximal tibia is longer than the caudal half and the tibial plateau is thus angled from proximo-cranial to distocaudal. The caudal aspect of the tibial plateau physis is not clearly outlined and bone remodelling is present. On the cranio-caudal view the proximal third of the tibia is deviated medially and the lateral 1cm of the metaphysis is missing, resulting in crescent shaped lysis of the still present bone. The tibial growth plate is wider and more irregular than on the L and the tibial plateau slopes from medal to lateral. The proximal fibula is curved caudally and deviated medially, following the shape of the tibia. A healed fracture is present approx. 3.5cm distal to its physis, which is level with the caudal tibial epiphysis; thus, the epiphysis is located slightly proximal to the tibial plateau.

One oval soft tissue opacity corresponds in size, shape and position to the left popliteal lymph node. Distal to it a second soft tissue opacity is evident which is not present on the L.

R tarsus

Mild soft tissue swelling is centred on the tibiotarsal joint. The joints have smooth surfaces and appear similar to the ones on the L.

RADIOGRAPHIC DIAGNOSIS

R hind leg:

- Tibial crest avulsion and remodeling
- Widening proximal tibial physis
- Bone resorption lateral aspect proximal tibia
- Growth deformity proximal tibia and fibula
- Healed fibula fracture

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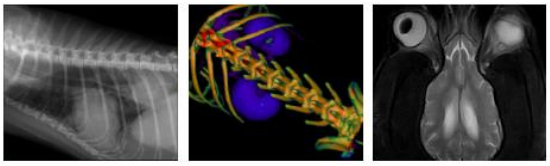

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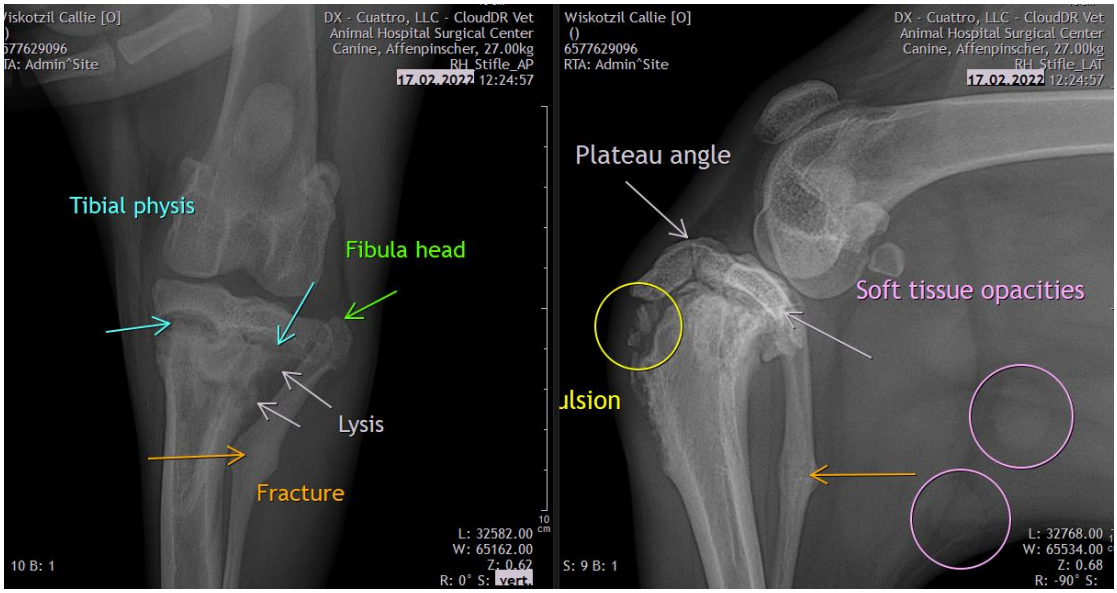
- Angular limb deformity tibia and fibula
- Muscle atrophy
- Osteopenia
- Possibly two popliteal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are traumatic in origin and are caused by a tibial crest avulsion with damage to the growth plate of the tibial plateau. The widening of the proximal tibial physis could be due to a Salter Harris Type 1 fracture or may represent bone resorption due to inflammation/infection. The angular deformity of the fibula is likely the result of the tibial growth abnormality and the fracture has healed. However, in the absence of marked soft tissue swelling infection is unlikely; thus, the bone resorption on the lateral aspect would have to be the result of pressure. Should this region be warm, more painful and a hematology show leukocytosis, ultrasound is recommended. Should fluid be present, aspiration is necessary to rule out a low grad infection. The loss of muscle and bone is likely the result of disuse; the mild tarsal effusion is similarly interpreted. The two soft tissue opacities in the region of the popliteal lymph node may represent two lymph nodes. Palpation and possible ultrasound can aid in clarification.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com